Section 25 Township 19S Range 27E NMPM	WELL API NO.  30-015-36577  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name Guardian 25 State CEIVED  9. OGRID Number 1  9. OGRID Number 6137 NMOCD ARTES IA Bone Spring  feet from theWestline Eddy County, NM
11. Elevation (Show whether DR, RKB, RT, GR, etc., 3484' GL	,
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:  K
OTHER: BONE SPRING GAS COMPLETION   13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
01/07/2010 - 01/11/2010:	
MIRU. Set 1.78" RSG blanking plug in "R" nip @ 10,832'. Bled off well prssrc, ld tbg 40 bbls, tst tbg 100 psi – ok. POOH & rls SL. ND WH. Rls on/off tool. POOH STD bck 250 jts, LD 71 jts. All tbg 2.375" 4.7# N-80 EUE. 20 jts in well kill strng. RIH w/RBP, ld w/17 bbls 2% KCL. Set RBP @ 8,075', spot 4 sx snd. POOH w/tbg. RU tst lubricator to 1000 psi. RIH & perf @ 7,998'-8,020' & 7978'-7996'; (3SPF) 126 shots. Set pkr @ 7,927'. Pmp 10 bbls 2% KCI clear tbg. Ld & tst 2 3/8 x 7" ann w/73 bbl to 500 psi. Swab. Acidize w/5000 gal 15% HCI + 180 bll slrs. Turn well over to production.	
Please note Devon advises of proration unit change to 160 acre spacing unit. Please see attached C-102.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	
Type or print nameStephanie A. Ysasaga E-mail address: _Stephanie.Ysasaga@dvn.com _ PHONE: _405-552-7802 For State Use <b>Only</b>	
APPROVED BY: Darle Strait TITLE Field Supervisor DATE 7-23-10  Conditions of Approval (if any):  * signed Approval for C-103 only-seperate approval for C-102	